YES

NO

Born

AMENDMENT ATTACHED ARIZONA STATE BOARD OF BUREAU OF VITAL STATISTICS State Index Co. Register No. ORIGINAL CERTIFICATE OF BIRTH must be made f by the attending Town of AINT JOHNS, ARIZONA Local Registrar's No. or City of Write Piainly with Unfading Ink.—This is a Permanent lose than one table birth, a SEPARATE RETURN much, ir tated. This certificate must be filed by the true of the table table. FULL NAME OF CHILD If child is not named, make Supplemental Report on blank obtainable from local registrar. Birth Ele Twin, Triplet Number Legitiin order of birth mate? (Month) Child or other MOTHER FATHER Full Maiden Name Alan Residence ARIZONA Residence Age at last Birthday__ Color Color or Race or Race (Years)_ Birthplace Occupation Number of Children, of this mother, now living B.—In case of more than one to number of each, ir idwife with each CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of the above child; and that it occurred *When there is no attending physician or midwife, then the householder should make this return. (Actending physician, unid SAINT JOHNS Given or Christian name added from a supplemental report_____191__. COUNTY REGISTRAR. COUNTY REGISTRAR.

RESERVED FOR BINDING MARGIN